

School-Related Student Trip Request Form

Local

SUBMIT THIS FORM TWO (2) WEEKS PRIOR TO THE TRIP

SCHOOL SCHS FACULTY MEMBER(S) SPONSORING TRIP Dunaway, Hamilton
TYPE OF TRIP (CHECK ONE)

☒ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), specify _____

☒ Organization/Club Trip, specify FFA ☐ Other (athletic, band, if applicable)

DESTINATION FFA State Convention ADDRESS Hyatt (Lexington Ctr) PHONE (502) 991-2060

☐ Out of State ☒ Out of County ☐ Within County

Not staying overnight

☐ Overnight: give name, address, phone of lodging _____

DATE(S) OF TRIP 6/8 - 6/10/2021

DEPARTURE TIME 8am RETURN TIME 5pm

PURPOSE/EDUCATIONAL VALUE State Convention sessions

SOURCE OF FUNDING FOR TRIP FFA Fruit Sales

NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.

BILL TRIP EXPENSES TO:

☒ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHER, SPECIFY _____

NUMBER OF STUDENTS 20 FACULTY SPONSORS 3 OTHER CHAPERONES 0

TOTAL # OF PARTICIPANTS 23

MODE OF TRANSPORTATION

IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☒ YES, SEE PROCEDURE 09.36 AP.212 School Van

☐ CERTIFICATED COMMON CARRIER; SPECIFY _____

☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) _____

SUPERVISION (Attach list of names of adults accompanying students on trip).

Have all chaperones undergone the required records AOC check and been designated by the principal/designee to supervise students? ☒ YES ☐ NO

[Signature]
Signature of Faculty Sponsor

4/5/2021
Date

Trip has been ☐ approved ☐ disapproved. Reason for disapproval _____

[Signature]
Signature of Superintendent/Designee

4/12/21
Date

For overnight and/or out-of-state trips, approval of the superintendent and/or Board may be required by policy 09.36.

FIELD TRIP CHARGES

\$.93 per mile

Meals provided by sponsor: ☐ Yes ☐ No

Regular hourly rate for driver, plus overtime if driver's hours

Exceed 40 per week.

Send copy to lunchroom? ☐ Yes ☐ No

Admission to event provided by sponsor: ☐ Yes ☐ No

Bus limits: 2 persons per seat

Overnight lodging: Single room

Drive time starts 15 min. before departure and ends 15 minutes after arrival

Driver requested: 1. _____ 2. _____ Number of buses requested: _____

White Copy -- Central Office

Yellow Copy -- Bus Driver

Pink Copy -- School Sponsor

School-Related Student Trip Request Form

SUBMIT THIS FORM TWO (2) WEEKS PRIOR TO THE TRIP

SCHOOL SCNS FACULTY MEMBER(S) SPONSORING TRIP Howe
TYPE OF TRIP (CHECK ONE)

☐ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), specify _____

☐ Organization/Club Trip, specify _____ ☒ Other (athletic, band, if applicable) Girl, Basketball

DESTINATION Carroll County H.S. ADDRESS _____ PHONE _____

☐ Out of State ☒ Out of County ☐ Within County

☐ Overnight: give name, address, phone of lodging _____

DATE(S) OF TRIP 6/1 & 6/3 DEPARTURE TIME 3:00 pm RETURN TIME 9:00 pm

PURPOSE/EDUCATIONAL VALUE _____

SOURCE OF FUNDING FOR TRIP Girl Basketball

NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.
BILL TRIP EXPENSES TO:

☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHER, SPECIFY _____

NUMBER OF STUDENTS 10 FACULTY SPONSORS 3 OTHER CHAPERONES _____

TOTAL # OF PARTICIPANTS 13

MODE OF TRANSPORTATION _____

IS DISTRICT TRANSPORTATION NEEDED? ☒ NO ☐ YES, SEE PROCEDURE 09.36 AP.212

☐ CERTIFICATED COMMON CARRIER; SPECIFY _____

☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) _____

SUPERVISION (Attach list of names of adults accompanying students on trip).

Have all chaperones undergone the required records AOC check and been designated by the principal/designee to supervise students? ☒ YES ☐ NO

Signature of Faculty Sponsor _____

Date 4/12/2021

Trip has been ☐ approved ☐ disapproved. Reason for disapproval _____

Signature of Superintendent/Designee _____

Date 4/12/21

For overnight and/or out-of-state trips, approval of the superintendent and/or Board may be required by policy 09.36.

FIELD TRIP CHARGES

\$.93 per mile

Meals provided by sponsor: ☐ Yes ☐ No

Regular hourly rate for driver, plus overtime if driver's hours

Exceed 40 per week.

Send copy to lunchroom? ☐ Yes ☐ No

Admission to event provided by sponsor: ☐ Yes ☐ No

Bus limits: 2 persons per seat

Overnight lodging: Single room

Drive time starts 15 min. before departure and ends 15 minutes after arrival

Driver requested: 1. _____ 2. _____ Number of buses requested: _____

White Copy – Central Office

Yellow Copy – Bus Driver

Pink Copy – School Sponsor

School-Related Student Trip Request Form

SUBMIT THIS FORM TWO (2) WEEKS PRIOR TO THE TRIP

SCHOOL SCS FACULTY MEMBER(S) SPONSORING TRIP Howe
TYPE OF TRIP (CHECK ONE)

☐ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), specify _____

☐ Organization/Club Trip, specify _____ ☒ Other (athletic, band, if applicable) Grl. Basketball

DESTINATION E-town N.S. ADDRESS _____ PHONE _____

☐ Out of State ☒ Out of County ☐ Within County

☐ Overnight: give name, address, phone of lodging _____

DATE(S) OF TRIP 6/7, 6/8, 6/9 DEPARTURE TIME 7:00 am RETURN TIME 3:00 pm

PURPOSE/EDUCATIONAL VALUE _____

SOURCE OF FUNDING FOR TRIP Grl. Basketball

NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.
BILL TRIP EXPENSES TO:

☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHER, SPECIFY _____

NUMBER OF STUDENTS 15 FACULTY SPONSORS 4 OTHER CHAPERONES _____

TOTAL # OF PARTICIPANTS 19

MODE OF TRANSPORTATION _____

IS DISTRICT TRANSPORTATION NEEDED? ☒ NO ☐ YES, SEE PROCEDURE 09.36 AP.212

☐ CERTIFICATED COMMON CARRIER; SPECIFY _____

☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) _____

SUPERVISION (Attach list of names of adults accompanying students on trip).

Have all chaperones undergone the required records AOC check and been designated by the principal/designee to supervise students? ☒ YES ☐ NO

Signature of Faculty Sponsor _____

Date 4/12/2021

Trip has been ☐ approved ☐ disapproved. Reason for disapproval _____

Signature of Superintendent/Designee _____

Date 4/12/21

For overnight and/or out-of-state trips, approval of the superintendent and/or Board may be required by policy 09.36.

FIELD TRIP CHARGES

\$.93 per mile

Meals provided by sponsor: ☐ Yes ☐ No

Regular hourly rate for driver, plus overtime if driver's hours

Exceed 40 per week.

Send copy to lunchroom? ☐ Yes ☐ No

Admission to event provided by sponsor: ☐ Yes ☐ No

Bus limits: 2 persons per seat

Overnight lodging: Single room

Drive time starts 15 min. before departure and ends 15 minutes after arrival

Driver requested: 1. _____ 2. _____ Number of buses requested: _____

White Copy – Central Office

Yellow Copy – Bus Driver

Pink Copy – School Sponsor

School-Related Student Trip Request Form

SUBMIT THIS FORM TWO (2) WEEKS PRIOR TO THE TRIP

SCHOOL SCNS FACULTY MEMBER(S) SPONSORING TRIP John Howl
TYPE OF TRIP (CHECK ONE)

☐ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), specify _____
☐ Organization/Club Trip, specify _____ ☒ Other (athletic, band, if applicable) G.I. R.I.I.I.

DESTINATION Gov. H. School ADDRESS _____ PHONE _____

☐ Out of State ☒ Out of County ☐ Within County

☐ Overnight: give name, address, phone of lodging _____

DATE(S) OF TRIP Jun. 10, 2021 DEPARTURE TIME 8:00 am RETURN TIME 8:00 pm

PURPOSE/EDUCATIONAL VALUE _____

SOURCE OF FUNDING FOR TRIP G.I. R.I.I.I.

NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.

BILL TRIP EXPENSES TO:

☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHER, SPECIFY _____

NUMBER OF STUDENTS 15 FACULTY SPONSORS 4 OTHER CHAPERONES _____

TOTAL # OF PARTICIPANTS 19

MODE OF TRANSPORTATION

IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☒ YES, SEE PROCEDURE 09.36 AP.212 1 Bus

☐ CERTIFICATED COMMON CARRIER; SPECIFY _____

☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) _____

SUPERVISION (Attach list of names of adults accompanying students on trip).

Have all chaperones undergone the required records AOC check and been designated by the principal/designee to supervise students? ☒ YES ☐ NO

Signature of Faculty Sponsor

Date

Trip has been ☐ approved ☐ disapproved. Reason for disapproval _____

Signature of Superintendent/Designee

Date

For overnight and/or out-of-state trips, approval of the superintendent and/or Board may be required by policy 09.36.

FIELD TRIP CHARGES

\$.93 per mile

Meals provided by sponsor: ☐ Yes ☐ No

Regular hourly rate for driver, plus overtime if driver's hours

Exceed 40 per week.

Send copy to lunchroom? ☐ Yes ☐ No

Admission to event provided by sponsor: ☐ Yes ☐ No

Bus limits: 2 persons per seat

Overnight lodging: Single room

Drive time starts 15 min. before departure and ends 15 minutes after arrival

Driver requested: 1. _____ 2. _____ Number of buses requested: _____

White Copy – Central Office

Yellow Copy – Bus Driver

Pink Copy – School Sponsor

School-Related Student Trip Request Form

SUBMIT THIS FORM TWO (2) WEEKS PRIOR TO THE TRIP

SCHOOL SCNS FACULTY MEMBER(S) SPONSORING TRIP Howe
TYPE OF TRIP (CHECK ONE)

☐ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), specify _____
☐ Organization/Club Trip, specify _____ ☒ Other (athletic, band, if applicable) G.A. B.L.J.L.
DESTINATION Corydon Court H.C. ADDRESS 377 Country Club Rd PHONE _____
☒ Out of State ☐ Out of County ☐ Within County

☐ Overnight: give name, address, phone of lodging _____
DATE(S) OF TRIP 6/18/2021 DEPARTURE TIME 7:00 am RETURN TIME 5:00 pm
PURPOSE/EDUCATIONAL VALUE _____

SOURCE OF FUNDING FOR TRIP G.A. B.L.J.L.

NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.
BILL TRIP EXPENSES TO:

☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHER, SPECIFY _____
NUMBER OF STUDENTS 15 FACULTY SPONSORS 4 OTHER CHAPERONES _____
TOTAL # OF PARTICIPANTS 19
MODE OF TRANSPORTATION _____

IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☒ YES, SEE PROCEDURE 09.36 AP.212 1 Bus

☐ CERTIFICATED COMMON CARRIER; SPECIFY _____

☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) _____

SUPERVISION (Attach list of names of adults accompanying students on trip).

Have all chaperones undergone the required records AOC check and been designated by the principal/designee to supervise students? ☒ YES ☐ NO

Signature of Faculty Sponsor _____

Date 4/12/2021

Trip has been ☐ approved ☐ disapproved. Reason for disapproval _____

Signature of Superintendent/Designee _____

Date 4/12/21

For overnight and/or out-of-state trips, approval of the superintendent and/or Board may be required by policy 09.36.

FIELD TRIP CHARGES

\$.93 per mile

Meals provided by sponsor: ☐ Yes ☐ No

Regular hourly rate for driver, plus overtime if driver's hours

Exceed 40 per week.

Send copy to lunchroom? ☐ Yes ☐ No

Admission to event provided by sponsor: ☐ Yes ☐ No

Bus limits: 2 persons per seat

Overnight lodging: Single room

Drive time starts 15 min. before departure and ends 15 minutes after arrival

Driver requested: 1. _____ 2. _____ Number of buses requested: _____

White Copy – Central Office

Yellow Copy – Bus Driver

Pink Copy – School Sponsor

School-Related Student Trip Request Form

SUBMIT THIS FORM TWO (2) WEEKS PRIOR TO THE TRIP

SCHOOL SCS FACULTY MEMBER(S) SPONSORING TRIP Howie
TYPE OF TRIP (CHECK ONE)

☐ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), specify _____
☐ Organization/Club Trip, specify _____ ☒ Other (athletic, band, if applicable) Girl, B.L.H.
DESTINATION Bull. P.S. ADDRESS _____ PHONE _____

☐ Out of State ☒ Out of County ☐ Within County

☐ Overnight: give name, address, phone of lodging _____

DATE(S) OF TRIP 6/21, 6/22, & 6/23 DEPARTURE TIME 7:00am RETURN TIME 3:00 pm

PURPOSE/EDUCATIONAL VALUE _____

SOURCE OF FUNDING FOR TRIP Girl B.L.H.

NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.
BILL TRIP EXPENSES TO:

☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHER, SPECIFY _____
NUMBER OF STUDENTS 15 FACULTY SPONSORS 4 OTHER CHAPERONES _____
TOTAL # OF PARTICIPANTS 19

MODE OF TRANSPORTATION _____

IS DISTRICT TRANSPORTATION NEEDED? ☒ NO ☐ YES, SEE PROCEDURE 09.36 AP.212

☐ CERTIFICATED COMMON CARRIER; SPECIFY _____

☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) _____

SUPERVISION (Attach list of names of adults accompanying students on trip).

Have all chaperones undergone the required records AOC check and been designated by the principal/designee to supervise students? ☒ YES ☐ NO

Signature of Faculty Sponsor _____

Date 4/12/2021

Trip has been ☐ approved ☐ disapproved. Reason for disapproval _____

Signature of Superintendent/Designee _____

Date 4/12/21

For overnight and/or out-of-state trips, approval of the superintendent and/or Board may be required by policy 09.36.

FIELD TRIP CHARGES

\$.93 per mile

Meals provided by sponsor: ☐ Yes ☐ No

Regular hourly rate for driver, plus overtime if driver's hours

Exceed 40 per week.

Send copy to lunchroom? ☐ Yes ☐ No

Admission to event provided by sponsor: ☐ Yes ☐ No

Bus limits: 2 persons per seat

Overnight lodging: Single room

Drive time starts 15 min. before departure and ends 15 minutes after arrival

Driver requested: 1. _____ 2. _____ Number of buses requested: _____

White Copy – Central Office

Yellow Copy – Bus Driver

Pink Copy – School Sponsor